

(1) PLACE OF BIRTH
County of Abbeville
Township of Broadwood

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
37957

Inc. Town of Registration District No. Registered No. 25
(For use of Local Registrar)
City of (No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward)

(2) Full Name of Child Rosetta Lehmann If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u></u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 1st 51</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Joseph Brown</u>

(9) PRESENT POSTOFFICE OF FATHER <u>M. C. Creek</u>

(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)
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(12) BIRTHPLACE <u>Abbeville Co</u>

(13) OCCUPATION <u>Farmer</u>

(14) Number of children born to mother, including present birth <u>2</u>
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MOTHER.

(15) NAME BEFORE MARRIAGE <u>Rosina Leachman</u>
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(16) PRESENT POSTOFFICE OF MOTHER <u>721 P. Cornway</u>

(17) COLOR OR RACE <u>Black</u>	(18) AGE AT LAST BIRTHDAY <u>38</u> (Years)
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(19) BIRTHPLACE <u>Abbeville Co</u>

(20) OCCUPATION <u>Housewife</u>

(21) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) John C. Creek

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 2 1951

(28) 115 S. Main Local Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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